



# Schenectady County Public Health Services

Environmental Health  
107 Nott Terrace, Suite 300  
Schenectady, New York 12308-3170  
Phone: (518) 386-2818  
Fax: (518) 386-2822

*Keith M. Brown, MPH*  
*Interim Public Health Director*

*Jennifer M. Priebe, M.S.*  
*Director of Environmental Health*

## **PERCOLATION TEST AND SOIL BORING APPLICATION**

PLEASE READ CAREFULLY

1. Contact the Schenectady County Environmental Health Department to schedule perc test appointment with Design Professional. Please note: The Schenectady County Health Department representative will not perform the tests but be present solely to witness the tests and verify the soil conditions with the Design Professional.
2. Complete attached application and return to the Environmental Health Unit office along with a non-refundable fee of \$100.00. Please make checks payable to SCHENECTADY COUNTY. Application and fee must be received at least 24 hours prior to the scheduled appointment.

### **PERCOLATION TEST PROCEDURES**

1. A minimum of two percolation test holes must be dug within the perimeter of the proposed absorption area. Holes 12 inches in diameter should be 30 to 50 feet apart and dug to the proper depth for the type of system anticipated. Refer to the NYS DOH "Design Handbook for Individual Residential Wastewater Treatment Systems," Table 3A for proper hole depth. Sufficient clean water should be available on site to perform sufficient runs in each hole to reach a stabilized rate (minimum 3 runs per hole.).
2. At least one deep whole (minimum 4 feet deep) must also be dug in the area of the proposed absorption field. Generally, a backhoe is necessary to provide a trench wide enough and deep enough to properly observe the different soil strata. The deep hole should be prepared no earlier than the day before the scheduled tests.
3. Percolation test holes must be pre-soaked a minimum of 4 hours prior to the scheduled appointment. It is acceptable for the design professional to begin the percolation tests prior to the County's arrival. All times must be recorded.

**Holes not prepared in accordance with these procedures will not be accepted for witnessing.**

**PERCOLATION AND SOIL BORING REQUEST**

Requestor's Name: \_\_\_\_\_ Appt. Date: \_\_\_\_\_

Requestor's Phone: (days) \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Test site Address: \_\_\_\_\_

Lot No. \_\_\_\_\_ Development: \_\_\_\_\_

Town: \_\_\_\_\_

Detailed directions to site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Design Professional: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We, the owner(s)/ purchaser(s) of the site described above request that a representative of the Schenectady County Environmental Health Unit witness percolation and deep hole tests for the purpose of determining the suitability of the site to support an on-site wastewater treatment system. The required \$100.00 fee is included with this request. (Please make checks payable to SCHENECTADY COUNTY).

Date: \_\_\_\_\_ Owner/Purchaser \_\_\_\_\_

\_\_\_\_\_

FOR OFFICIAL USE ONLY

FEE RECEIVED \$ \_\_\_\_\_

RECEIPT # \_\_\_\_\_

DATE REC'D \_\_\_\_\_

BY \_\_\_\_\_